

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036444

4952

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 25 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b  
4 months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 3735 Wyandotte Street

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
3735 Wyandotte Street

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last  
CHARLES G. SHERMAN

4. DATE OF DEATH  
Month Day Year  
September 7, 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
Aug. 4, 1895

9. AGE (last birthday)  
68

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Manufacturer's Representative

10b. KIND OF BUSINESS OR INDUSTRY  
C.G. Sherman Co.

11. BIRTHPLACE (City and state or country)  
Coldwater, Kansas

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Charles W. Sherman

13b. MOTHER'S MAIDEN NAME

Martha Bolar

14. NAME OF HUSBAND OR WIFE

Gladys G. Sherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes World War I

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Gladys G. Sherman, 2524 W. 51 Terrace,

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Arteriosclerotic heart disease*

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

*Generalized arteriosclerosis*

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year,

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
Sept. 9, 1963

23c. NAME OF CEMETERY OR CREMATORY  
Mount Moriah Cemetery

23d. LOCATION (City, town, or county) (State)  
Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS  
Freeman Mortuary, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.  
9-9-63

26. REGISTRAR'S SIGNATURE  
Bessie Smith

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 27 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Clayton H. Barnes*

Licensed Embalmer No. 4793

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.